

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

SCC PERSONNEL
HUMAN RESOURCES

2011 APR 11 PM 1:00

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
NORA ANDREY L

1. Office, Agency, or Court

Agency Name
CALIFORNIA STATE CONTROLLER'S OFFICE Deputy Chief of Staff
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: CALSTRS, CALPERS Position: Alternate Board Member

2. Jurisdiction of Office (Check at least one box)

☒ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County ☐ County of
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010. -or-
The period covered is through December 31, 2010.
☐ Leaving Office: Date Left (Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is through the date of leaving office.
☐ Assuming Office: Date
☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

☐ Schedule A-1 - Investments - schedule attached
☒ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
111 S. Figueroa St, Suite 4800 LA CA 90017
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(213) 8336010 anodn@cco.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/29/11 Signature
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Andrew Noda

1. BUSINESS ENTITY OR TRUST

Name Lawrence VOTE Green

Address (Business Address Acceptable) 555 S. Flower St, Suite 420 Los Angeles CA 90071

Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Elite Card Mgmt Organization

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000 10 / 10 / 10
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION NONE, SPENCE & BROTHERS
Paul Arden

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000 10 / 10 / 10
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000 10 / 10 / 10
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION

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☐ INVESTMENT ☐ REAL PROPERTY

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☐ \$10,001 - \$100,000 10 / 10 / 10
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Andrew Nodn

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
OUR KIDS COME FIRST - NO RECALL FRIENDS OF SCOTT BRONKHIM

ADDRESS (Business Address Acceptable)
555 S Flower St, Suite 4210

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Los Angeles, Ca 90071
Campaign committee

YOUR BUSINESS POSITION
None - Spouse's Business Paul Arnen Consulting

GROSS INCOME RECEIVED

☒ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Dakota Communications

ADDRESS (Business Address Acceptable)
2995 Overland Ave, Suite 210

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Los Angeles Ca 90064

YOUR BUSINESS POSITION
None - Spouse's Business Paul Arnen Consulting

GROSS INCOME RECEIVED

☒ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE _____ % ☐ None

TERM (Months/Years) _____

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address _____
City _____

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income - Gifts

Name

Andrey Nade

NAME OF SOURCE

LA Co. Federation of Labor

ADDRESS (Business Address Acceptable)

2130 Jermolch. Wood Blvd. LA Ca 90006

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1, 15, 10	\$ 7000	MLK breakfast
/ /	\$	
/ /	\$	

NAME OF SOURCE

Neighborhood Hsg. Sancer of Orange Co.

ADDRESS (Business Address Acceptable)

198 W. Lincoln Ave. 2nd Fl. Anaheim, Ca 92805

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit Housing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2, 25, 10	\$ 10000	Awards Dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE

United Nurses Assn. of CA

ADDRESS (Business Address Acceptable)

955 Overland Court #150 San Dimas, Ca 91773

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4, 16, 10	\$ 37.67	Receptor
/ /	\$	
/ /	\$	

NAME OF SOURCE

Japanese American Bar Assn

ADDRESS (Business Address Acceptable)

P.O. Box 86812 LA Ca 90086

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Bar Assn

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2, 19, 10	\$ 11000	Installation Dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE

Valley Industry & Commerce Assn.

ADDRESS (Business Address Acceptable)

5121 Van Nuys Blvd. #203 Sherman Oaks, Ca 91403

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Bus. Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2, 26, 10	\$ 4500	State Office Holders Dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE

Paul Arlen

ADDRESS (Business Address Acceptable)

556 S Fair Oaks Ave, Suite 101A #468 Pasadena, Ca 91105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Canon Hunt

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4, 17, 10	\$ 12500	Ch. Dem party Dinner Ticket
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Andrew Olson

► NAME OF SOURCE
Pat Brown Institute
ADDRESS (Business Address Acceptable)
5151 State University Dr. LA CA 90032
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pat Brown Institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1, 29, 10	\$12500	Awards Dinner
1, 1, 1	\$	
1, 1, 1	\$	

► NAME OF SOURCE
LA Society of Municipal Finance
LA Bay Regional Public Communications Officers
ADDRESS (Business Address Acceptable)
4440 W. Broadway, Hawthorne, Ca. 90250
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8, 19, 10	\$3500	Lunch program
1, 1, 1	\$	
1, 1, 1	\$	

► NAME OF SOURCE
LA economic forecast
ADDRESS (Business Address Acceptable)
6409 Callicott, Suite C, Golden, Ca 93117
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Econ. Consulting Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9, 8, 10	\$12500	Parent/first
1, 1, 1	\$	
1, 1, 1	\$	

► NAME OF SOURCE
Leadership Education for Asian Pacificans
ADDRESS (Business Address Acceptable)
321 E 2nd St, Suite 220 LA CA 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE
NON PROFIT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7, 22, 10	\$15000	Awards Dinner
1, 1, 1	\$	
1, 1, 1	\$	

► NAME OF SOURCE
Amish Labor Committee
ADDRESS (Business Address Acceptable)
8339 W. 3rd Street, Suite 2 LA CA 90048
BUSINESS ACTIVITY, IF ANY, OF SOURCE
LABOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9, 22, 10	\$12500	Awards program
1, 1, 1	\$	
1, 1, 1	\$	

► NAME OF SOURCE
Center for Pacific Asian Family
ADDRESS (Business Address Acceptable)
543 N Fairfax Ave #108 LA CA 90036
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10, 1, 10	\$12500	Reception
1, 1, 1	\$	
1, 1, 1	\$	

Comments:

SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Andrew Woden

► NAME OF SOURCE

Brian Business Association, Los Angeles

ADDRESS (Business Address Acceptable)

120 S San Pedro St, Suite 523

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business organization

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

10/7/10 \$145.00 Awards luncheon

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE

Korean Health Education Information

ADDRESS (Business Address Acceptable)

3121 W. Cermak St, Suite 201 LA 90010

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

10/21/10 \$175.00 Awards dinner

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

Comments: